

**THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION/CALIFORNIA DEPARTMENT OF MENTAL
HEALTH APPRENTICESHIP PROGRAM**

**ACKNOWLEDGEMENT OF RECEIPT
FOR
APPRENTICESHIP PROGRAM STANDARDS
APPRENTICESHIP PROGRAM OPERATING PROCEDURES**

Apprentice:

Your signature on this document confirms you received a copy of the Apprenticeship Program Standards (signature pages) and the Apprenticeship Program Operating Procedures. Additionally, your signature certifies that you have read and understand the Program requirements and your responsibility as an Apprentice.

Print Name

Date Signed

Signature